

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

Timothy Meacham

Civil Case No. 3:15-cv-338

Plaintiff(s),

v.

APPLICATION FOR SPECIAL
ADMISSION – *PRO HAC VICE*

Spirit Airlines Inc and; Kerrie Conrad

Defendant(s).

Attorney John Loring requests special admission *pro hac vice* in
the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the
requirements of LR 83-3, and certify that the following information is correct:

(1) **PERSONAL DATA:**

Name: Loring John P
(Last Name) (First Name) (MI) (Suffix)
Firm or Business Affiliation: Wilson Elser Moskowitz Edelman & Dicker LLP
Mailing Address: 740 N. Plankinton Ave, Suite 600
City: Milwaukee State: WI Zip: 53203
Phone Number: 414-276-8816 Fax Number: 414-276-8819
Business E-mail Address: john.loring@wilsonelser.com

(2) **BAR ADMISSIONS INFORMATION:**

- (a) State bar admission(s), date(s) of admission, and bar ID number(s):
State of WI, 05/06/06, 1059778

State of MN, 08/12/10, 0390894

State of CA, 12/03/02, 221223

- (b) Other federal court admission(s), date(s) of admission, and bar ID number(s):
Northern District of CA

Northern District of IL, 12/07/09

Eastern & Western Districts of WI, 07/14/09

(3) **CERTIFICATION OF DISCIPLINARY ACTIONS:**

- (a) ☒ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
- (b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) **CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:**

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.

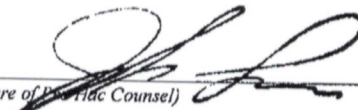
(5) **REPRESENTATION STATEMENT:**

I am representing the following party(s) in this case:
Kerrie Conrad

(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 7th day of May, 2015


(Signature of Pro Hac Counsel)

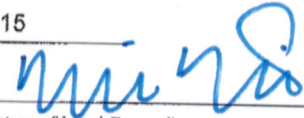
John Loring

(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 7th day of May, 2015


(Signature of Local Counsel)

Name: Miller Michael
(Last Name) (First Name) (MI) (Suffix)

Oregon State Bar Number: 066347

Firm or Business Affiliation: Chock Barhoum

Mailing Address: 121 SW Morrison St #415

City: Portland State: OR Zip: 97204

Phone Number: 971-302-6428 Business E-mail Address: michael.miller@chockbarhoum

COURT ACTION

- ☐ Application approved subject to payment of fees.
☐ Application denied.

DATED this _____ day of _____, _____

Judge